

❖ 171 State House Station, Augusta, ME 04333

A Ph: 207-287-5403

\$ Fx: 207-287-7553

MAINE

* Email: casamaine@maine.gov

MAINE CASA VOLUNTEER APPLICATION

(Please Print or Type)

Name:		(1 lease	Time of Type)		
City:		State:	7	Lip:	
Home Telephon	e:	Cell:	F	ax:	
SSN:		E-n	nail:		
Do you speak ar	nother/seconda	ry language? 🗆 Engl	ish □ Spanish □ Sig	ning 🗖 French 🗆	1 Other:
		☐ Internet ☐ New olunteer referral ager		National Media	□ NCASAA □ Other
			Student Not Position F		
Supervisor:					
Work Telephone	e: ()	Ext.	May we	call you at work:	Yes NO
		Education	nal Background		
		School		Degree	Graduated
High School					
Trade School					
College					
Post-College					
Other		4			
					•

Please include a copy of your driver's license and current vehicle insurance card along with application.

Do you drive? ☐ Yes ☐ No	Do you have regular access to	a vehicle?	☐ Yes	□ No
Driver's license number:	State:			
Car Insurance Company:	Policy l	Number:		
Have you had any moving traffic vi If yes, please list:	olation(s) in the last 10 years?		□ No	
Have you been convicted of any crist If yes, please list:		□ Yes	□ No	
Please list yo	Employment History our last 3 employers, and/or volunteer ac	etivities.		
Place of Activity:	Telephone Num	nber: ()	-	
Position:				
Supervisor: F-Mail Address:	From:	/ To:	/	
Reason for leaving	Troin.	10		
Place of Activity:	Telephone Num	iber: ()	_	
Position:				
Supervisor:		,		
Person for leaving:	From:	/ To:	_/	
Reason for leaving:	Telephone Num	her: ()		
Position:	Telephone Num	DCI. ()_		
Supervisor:				
E-Mail Address:	From:	/ To:	/	
Reason for leaving:				
Can you perform the functions of a C	Personal Experience CASA volunteer with or without a reason	nable accomm	odation?	
Please explain any personal experie	ence you have had with the following:			
The Court System:	you man mad man the following.	}		
				e .

***************************************			The second secon		
The Child Welf	are System:				
			M. A		
The Foster Care	System:				
NOTICE OF THE PARTY OF THE PART					
As a CASA, you abuse, and/or se	u will be wo	orking with children	who may have ex	xperienc Do yo	eed emotional, physical or sexua u have any personal experiences
that might affec	t your abilit	y to work on cases	involving these is:		
West of the second seco				-	
			2		
What qualities d	lo you think	are necessary to be	e an effective CAS	A volu	nteer?
					e may not always be able to ery effort to do so.
Gender : □ Male	☐ Female	Either			P
Number of Chi	ldren:	☐ Single child	☐ Sibling Group	p 🗆	Either
Age range:	□ Any	☐ Birth to 5	□ 6 to 1	11	□ 12 to 18
Are you a foster _l	parent?		☐ Yes	☐ No	
Are you planning	to become a	a foster parent?	Yes	☐ No	
Oo you offer resp	ite care in y	our home?	☐ Yes	☐ No	
Oo you provide k	inship care i	n your home?	☐ Yes	☐ No	
Please provide a	brief biogra	phy to help us unde	erstand your intere	est in CA	NSA

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APPLICANT DECLARATION

I understand that by submitting this application I authorize CASA personnel to make inquiries of the State Bureau of Identification, Criminal Records Check and the Maine Department of Human Services concerning my suitability as a volunteer. I further understand that by submitting this application I authorize inquiries to be made concerning my employment and character. The information requested in this application and any additional information that may otherwise be obtained will be used only for the purpose of determining suitability as a volunteer. All information will be held in confidence.

I understand that all CASA volunteers are subject to the training and other requirements of the Maine CASA program and may only serve as CASA guardians ad litem with the approval of the CASA Director.

	made on this application are true and corr	ect to the best of my	
knowledge and belief. Signature:	Date:	, 20	
	References		
preferably from employment or vol CASA. Three written references	e telephone number. Please list 3 referendunteer activities, who are able to discuss are also needed. You may use the peopl (See last two pages of application).	your ability to be an effective	
Name:			
	Home Phone: ()		
Business Phone: ()			
E-Mail Address:			
Name:			
	Home Phone: ()	-	
Business Phone: ()		,	
E-Mail Address:			
Name:			
	Home Phone: ()	•	
Business Phone: ()			
E-Mail Address:			

State of Maine

conviction records, or other regulatory agency records that pertain to me.



Judicial Branch

BACKGROUND INVESTIGATION INFORMATION

<u>Instructions</u>: You may complete this form electronically or by handwriting the information. If you complete it electronically, you must then print and sign the form. An original signature is required.

To complete this form electronically, do a "Save As," complete, and then save again.

<u>Acknowledgement</u>: By completing and signing this document, I understand that to work in the Judicial Branch, a background investigation must be conducted by the Maine Judicial Branch Office of State Judicial Marshals. This background investigation will include, but is not limited to, an inquiry and documentation of any criminal or motor vehicle arrest and conviction records. I understand that my status as an applicant with the Judicial Branch is contingent on the results of this investigation. I hereby consent to a background investigation and give permission to the Office of State Judicial Marshals to examine any criminal and motor vehicle arrest and

Have you ever been convicted of any criminal offense, not including non-criminal traffic offenses? O No () Yes If yes, please explain: (First) (Middle) (Last) Name: (please print) Maiden or previous names used: (list all) Date of birth: Social Security Number: Current driver's license number: State: Prior state driver's license number: State: Current Address: (Street) (City) (State) (Zip) To: Present From: If exact date is unknown, give an approximate date. I have lived at this address for the past 10 years or more. Yes No If no, see page 2. I declare that the information provided herein is true, accurate, and complete to the best of my knowledge. Signature of Applicant Date For internal Judicial Branch use only: Printed name of HR Rep/Program Mgr requesting background check: Signature Office/location Date Investigation for: **HR Department**: ⊒employee _contractor service worker Program Manager: LEP CASA/GALS CADRES ☐ Bail Commissioner AOC/ohr rev 04/09/10 FDP

Name:

Use this page only if necessary.

If you have not lived at your current address for the past full 10 years, please list all other addresses below.

	Former Addresses						
Please list your former addresses and dates at those addresses for the <u>past full 10 years</u> , including temporary addresses, such as college dormitories, etc. If you do not know the exact dates, give an approximate date. Be sure to include the full address – street, city, state, and zip code.							
This section must be compl	lete or your application cannot be processed.						
Former Address 1:							
From:	То:						
Former Address 2:							
From:	То:						
Former Address 3:							
From:	То:						
Former Address 4:							
From:	То:						
Former Address 5:							
From:	То:						
Former Address 6:							
From:	То:						
Former Address 7:							
From:	То:						
Former Address 8:							
From:	То:						
For additional addresses, ple	ase use a separate sheet of paper.						



Mary C. Mayhew, Commissioner

Department of Health and Human Services Child and Family Services 2 Anthony Avenue 11 State House Station Augusta, Maine 04333-0011 Tel. (207) 624-7900 Fax (207) 287-5282; TTY (800) 606-0215

INITIAL RELEASE AUTHORIZATION FOR MAINE CHILD PROTECTIVE SERVCES CASE RECORDS RESEARCH

AGENCY ID#: 306	GENCY NAME: <u>AOC – FAMILY DIVISION</u>
(Please print clearly)	elease of confidential information by the Maine Department of mily Services, regarding whether I have been involved in a
I understand that:	
	ved in a substantiated child protective case, another release by me ent will be disclosed to the agency/service provider identified
b. This information will be used as part of the provide services for children, adults, and fam	ne agency/service provider's assessment of my suitability to ilies for this agency.
c. This information is subject to continuing c	confidentiality as provided by Maine statutes Title 22 §4008.
This consent will expire upon the release of the inform	mation as authorized.
This consent may be revoked by me in writing at any	time, except for information that has already been released.
Agency/Provider to receive this information: LISA WAITT / KIRSTEN SKORPEN AOC – FAMILY DIVISION 171 STATE HOUSE STATION	My date of birth:(Confidentiality laws prohibit providing information on individuals under 18.)
AUGUSTA, ME 04333	Other names known by, including maiden.
	Signature (subject of records research) Date
•	Address
accompany the 083 Findings Form. Please mail your re	e subject of the child protective records research request. This form should equests to DHHS, Child Protective Intake, Records Research, SHS 11, 2 4333. For questions please call 1-800-452-1999 x2.
	OCFSCP-082 Initial Release Form Updated 3/24/2011



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Department of Health and Human Services Child and Family Services 2 Anthony Avenue 11 State House Station Augusta, Maine 04333-0011 Tel. (207) 624-7900 Fax (207) 287-5282; TTY (800) 606-0215

Agency ID#: 306

LISA WAITT/ KIRSTEN SKORPEN AOC – FAMILY DIVISION 171 STATE HOUSE STATION AUGUSTA, ME 04333

*		
1.	Name of Subject of child protective records research:	
2.	Date of Birth:	
3.	Others names known by:	
. 4.	Today's Date:	
Only the above fo records	ur lines of this form should be completed by the individual who research request. This form should accompany the completed	is the subject of this child protective Initial Release 082 Form.
You provided us screening regard	s with a release of information signed by the person named above ling this person.	e. You requested a child abuse/neglect
Reports or reque or indicated are process. Theref	several limitations. Only allegations of child abuse or neglect that ests for services referred out to other resources are not included not included. Persons involved in a case with different last name fore, a negative response to a search should not be construed as a with Maine Child Protective Services.	Allegations that were unsubstantiated es may be missed by the search
Research of our	child protective case records file found that:	
☐ This perso	n was not involved in a substantiated child protection case.	
protection case. subsequent relea	of our child protective case records found that this person was investigated before we can provide information about the nature of this person ase. This must be on the Department's (OCFSCP-084) Secondary to of confidential child protective services case records information	on's involvement, we will need a Release Form (COPY ENCLOSED) to
The above children under 1	named person is under 18 years of age. Confidentiality laws prof 8.	nibit providing information on
continuing conf	n is being provided to you solely for the purpose identified in the identiality as provided by Maine statutes Title 22 section §4008. able by a fine of not more than \$500.00 or by imprisonment for	Any unlawful dissemination is a class
If you have any	questions about this information please call 1-800-452-1999 x2.	
Sincerely,		
Child Protectiv	e Intake Unit	OCFSCP-083 Findings Form Updated 3/24/11
		I .



CONFIDENTIAL MAIL-IN VOLUNTEER REFERENCE CHECK

MAINE				
Special Advocates (CASA) of M to provide us with the following	aine and has given v	Our name as a	reference Place	the Court Appointed e take a few moments days. Thank you.
Please answer the following que All information will be kept str	estions to the best of			
Volunteer's Name				
My Name				
Relationship to volunteer candida Other (indicate)	te: (Circle One) Emplo	yer Co-worker	Friend	
In what capacity, if any, have you observ			?	
How well does the applicant relate to chi The following is a list of qualities				or or don't know.
	Excellent	Good	Poor	Don't Know
Commitment				
Flexibility				
Responsibility				
Dependability				
Exercises good judgment				
Lack of bias				
Reliability				
Self-esteem				
Sensitivity to others				
Emotional stability				
Understanding of children				
Working with other adults				
Ability to organize				
Sense of humor				

Please share your impression and knowledge of the applicant's qualifications for the position by using specific examples where possible.

1. How	would you rate the app	plicant's ability to advocate for al	ibused and neglected children?
**************************************	Excellent	Comments:	
	Good		
_	Fair		
_	Poor		
How well doe from different	es the applicant work varieties the applicant work varieties or Excellent skills	with people who are development economic backgrounds? Comments:	ntally disabled, non-traditional, and/c
	Adequate skills		
	Poor skills		
4. Would	you recommend this	person?	
**************************************	Yes	Comments:	
	No		
	Name		Date ·
Thank you! We volunteer roles	e appreciate your assis	stance in helping CASA select th	ne best-qualified people to serve in
Please return to):	CASA 171 State House Station Augusta, ME 04333 OI	PR fax to (207) 287-7553



CONFIDENTIAL MAIL-IN VOLUNTEER REFERENCE CHECK

	has applied	l for a voluntee	er position with t	he Court Appointed
Special Advocates (CASA) of Moto provide us with the following in	aine and has given yo	our name as a r	eference. Pleaso	e take a few moments
Please answer the following que All information will be kept str		your ability a	and return this	form within 7 days.
Volunteer's Name				
My Name				
Relationship to volunteer candida			Friend	
Other (indicate) In what capacity, if any, have you observ				
How well does the applicant relate to chi The following is a list of qualitie				or or don't know.
	Excellent	Good	Poor	Don't Know
Commitment				
Flexibility				
Responsibility				
Dependability				
Exercises good judgment				
Lack of bias				
Reliability				
Self-esteem				
Sensitivity to others				
Emotional stability				
Understanding of children				
Working with other adults				
Ability to organize				
Sense of humor				

Please share your impression and knowledge of the applicant's qualifications for the position by using specific examples where possible.

1. How	would you rate the a	pplicant's ability to adv	ocate for abus	ed and neglected children?
	Excellent	Com	ments:	
and the same of th	Good			,
	Fair			
	Poor			
How well doe from different	s the applicant work cultural, religious of Excellent skills	with people who are de r economic background Comments:	velopmentally s?	disabled, non-traditional, and/or
	Adequate skills			
	Poor skills			
4. Would	you recommend this	s person?		
	Yes	Comm	nents:	
	No			
	Name			Date ·
Thank you! We volunteer roles.	appreciate your assi	stance in helping CASA	select the be	st-qualified people to serve in
Please return to:		CASA 171 State House Statio Augusta, ME 04333	n OR	fax to (207) 287-7553



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Please answer the following que All information will be kept stri	stions to the best of ctly confidential.	your ability	and return this t	form within 7 days.
Volunteer's Name				
My Name				
Relationship to volunteer candidat	e: (Circle One) Emplo	yer Co-worker		
In what capacity, if any, have you observ		ng with children'	?	
How well does the applicant relate to chil				
	Excellent	Good	Poor	Don't Know
Commitment				
Flexibility				
Responsibility		***************************************		
Dependability				
Exercises good judgment				
Lack of bias				
Reliability				
Self-esteem				
Sensitivity to others				
Emotional stability				
Understanding of children				
Working with other adults				
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Sense of humor				

Please share your impression and knowledge of the applicant's qualifications for the position by using specific examples where possible.

1. How would you rate the	applicant's ability to advocate for abus	ed and neglected children?
Excellent	Comments:	
Good		
Fair		
Poor		
How well does the applicant work from different cultural, religious of Excellent skills	k with people who are developmentally or economic backgrounds? Comments:	disabled, non-traditional, and/or
Adequate skills		
Poor skills		
4. Would you recommend thi	s person?	
Yes	Comments:	
No		
Name		Date ·
Thank you! We appreciate your assi volunteer roles.	stance in helping CASA select the best	-qualified people to serve in
Please return to:	CASA 171 State House Station Augusta, ME 04333 OR f	ax to (207) 287-7553